BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	BALLOON CATHETER									
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:									
Information -	The specification was filed on						as			
For Use Without	United States Appl									
Specification						(if applicable) and/or as PCT				
Attached:	the specification was filed on March 29, 2005						as PC1 and was			
	International Application Number PCT/JP2005/005820						olicable)			
	amended on						•			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.									
	I acknowledge the duty to disclose information which is material to patentiability as defined in fine of, code of reducing									
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate									
	I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having									
	a filing date before that	application for paters								
	Prior Foreign Applica					Priority C	laimed			
Insert Priority	• • • • • • • • • • • • • • • • • • • •			03/31/2004						
Information:	2004-103299	Japan				⊻ Yes	∐ No			
(if appropriate)	(Number)	(Country)		(Month/Day/Year Filed)						
	2004-103306	Japan		03/31/2004			Ö			
	(Number)	(Country)		(Month/Day/Year Filed)		Yes	No			
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	(Number)	(Country)	(Country)		y/Year Filed)	Yes	No			
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	(Number)	(Country)		(Month/Day	y/Year Filed)	Yes	No			
	I hereby claim the benefi	it under Title 35,	United States Code, §1	19(e) of any Uni	ted States provisional	l applications(s) lis	ted below.			
Insert Provisional										
Application(s): (if any)	(Application Number)			(Filing Date)						
	(Application Number)			(Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country Application Num		Application Number	Date of Filing (Month		ith/Day/Year)	h/Day/Year)			
Insert Requested Information: (if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States and States						including for ication is not United States e 37, Code of ional or PCT			
Insert Prior U.S.										
Application(s): (if any)	(Application Number)	pplication Number) (Filing Date)			(Status - patented, pending, abandoned)					
Page 1 of 2 (Rev. 05/2004)	(Application Number)		(Filing Date)		(Status - patented,)	pending, abandon	ed)			

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First	CIVEN NAME (PANII V NAME	INVENTOR'S SIGNATURE		DATE*					
ull Name of First or Sole inventor: neert Name of inventor: neert Date This Document is Signed	GIVEN NAME/FAMILY NAME Kenji MORI	Kenii Mori		08/28/2006					
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nsert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	c/o ZEON MEDICAL INC., 4-1, Shiba Koen 2-chome, Minato-ku, Tokyo 105-0011, Japan								
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	MAILING ADDRESS (Complete Street Address including City, State & Country)								
rull Name of Fourth Inventiri, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
ull Name of Sixth Inventor, if any: See above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address i	including City, State & Country)							

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*DATE OF SIGNATURE